

SPECIAL CalPERS BENEFICIARY DESIGNATION

STD. 241S (REV. 6-2002) (PAGE 1)

INFORMATION AND INSTRUCTIONS**PLEASE READ CAREFULLY**

This Special CalPERS Beneficiary Designation form should only be completed by married members who are eligible for service retirement or who are eligible for the Alternate Death Benefit* and wish to name someone other than their spouse to receive a portion of the lump sum Basic Death Benefit that would otherwise be automatically paid to their surviving spouse. Please note that if this designation form is completed, it must either be signed by your spouse to acknowledge the action you are taking, or you must complete the "Justification for Non Signature of Spouse" form (included in this package) to indicate why your spouse has not signed the designation form.

Designation of Death Benefits

If an actively employed member passes away while he/she is eligible to retire (age 50 with 5 or more years of service, or age 55 with 10 or more years of service for state 2nd Tier members) or eligible for the Alternate Death Benefit the surviving spouse is offered a choice of receiving either a monthly allowance or a lump sum Basic Death Benefit. The monthly allowance for state members and some public agency members (depending on the employer's CalPERS contract) is calculated as though the member retired on the date of death and elected a service retirement Option 2W benefit. (Option 2W is the option that provides the highest allowance to a beneficiary.) The monthly allowance for school members and public agency members (if the employer does not contract for the "Pre-retirement Option 2W Death Benefit") is equal to one-half of what the member's "Unmodified" service retirement allowance would have been had he/she retired on the date of death. (The "Unmodified" is the highest allowance payable to a retiree.) The Alternate Death Benefit is calculated as though the member retired at age 50 and elected a service retirement Option 2W benefit. The lump sum "Basic Death Benefit" is the total of retirement contributions with interest through the date of death, plus an amount equal to six month's salary. A spouse cannot elect to receive both the monthly and lump sum death benefit; he or she must choose between the two benefits. (Please refer to your membership booklet for more detailed explanation of your pre-retirement death benefits.)

If you choose to complete the Special Beneficiary Designation Form

You may limit the amount of the monthly allowance or Basic Death Benefit payable to your spouse and name a beneficiary(ies) to receive a portion of the lump sum Basic Death Benefit. (The monthly benefit is payable by law to a surviving spouse and no other person can be named to receive a portion of this benefit.) A surviving spouse is entitled to their community property interest in any death benefit that may be payable as the result of your death. A "surviving spouse" is someone you were legally married to for either one year prior to your death, or prior to the onset of the injury or illness that causes your death. You are considered legally married if there has been no final dissolution of marriage, even if you are not living together at the time of your death.

The "time-rule" formula will be used to determine your spouse's community property interest in the death benefits. Using the time-rule formula, the spouse's share of the benefits will be calculated as follows:

$$\frac{\text{years of marriage during CalPERS employment}}{\text{total years of CalPERS service credit}} \times \frac{1}{2} \times \text{death benefit} = \text{spouse's share}$$

You may designate a beneficiary to receive the remainder of the Basic Death Benefit by completing the designation form on the following page. Following your death, your spouse may request a "Disclaimer of Benefits" form if he/she does not wish to receive their community property interest in the death benefits. If the "Disclaimer of Benefits" form is completed, then the entire Basic Death Benefit may be paid to the person(s) you designate on the following form unless you are survived by a minor child who would become the statutory beneficiary entitled to a monthly allowance.

**The Alternate Death Benefit is a monthly allowance payable to the surviving spouse of a state employee who dies before reaching the minimum retirement age, but after working 20 or more years for the State. This benefit may also apply to public agency firefighters if contracted for by their employer.*

INSTRUCTIONS

**SEE REVERSE SIDE OF THIS PAGE
DETACH TOP SHEET ONLY**

SPECIAL CalPERS BENEFICIARY DESIGNATION

STD. 241S (REV. 6-2002) (REVERSE, PAGE 1)

INSTRUCTIONS

1. Press firmly and print clearly with ball point pen or type all information requested. If you make an error, make the necessary correction (do not use correction fluid) and initial the change.
2. Prepare a rough draft list on scratch paper of whom you wish to name, the relationship, social security number and complete address. (The name must be the full given name, as "Mary Jane Smith"; not "Mrs. John Edward Smith.")
3. Enter on the form the full names of your beneficiaries, relationship, social security number and the complete address for each. (If this form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries.)
4. You must sign the form in the presence of a witness (other than a named beneficiary) with your full name, as "John Edward Smith".
5. Your spouse must sign the form, in the presence of a witness, to acknowledge the names of the beneficiaries you are designating. **IMPORTANT** — If you are unable to obtain your spouse's signature, you **MUST** complete and return the BSD-800, Justification for Non Signature of Spouse form included in this packet.
6. Have the witness clearly sign the form.
7. Enter the date you signed the form and your current mailing address.
8. Mail original and duplicate of the completed form to the California Public Employees' Retirement System at the address shown.
9. After review and processing, the approved member copy will be returned within six weeks for your records.

PLEASE NOTE:

Your Special Beneficiary Designation **CANNOT** be processed without either your spouse's signature, or the completed "Justification for Non Signature of Spouse" (BSD-800) form attached. The Beneficiary Designation may be invalid if the form is not dated or if corrections/erasures are not initialed. The effective date of the Beneficiary Designation is the date the completed form is received by the Retirement System.

IMPORTANT INFORMATION

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P. O. Box 942702, Sacramento, CA 94229-2702.

SPECIAL CalPERS BENEFICIARY DESIGNATION

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		<i>(This Space for CalPERS Use Only)</i>	
TO	PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711	ORIGINAL FORM RECEIVED BY CalPERS ON <i>(Date)</i>	
		ORIGINAL FORM APPROVED BY CalPERS ON <i>(Date)</i>	
FROM	MEMBER'S FULL NAME <i>(Please print)</i>	CURRENT EMPLOYER	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER

PRIMARY BENEFICIARIES

I am a married, actively employed CalPERS member who is eligible for the Alternate Death Benefit or to apply for service retirement. I hereby designate the following person(s) who survive me as BENEFICIARIES for my community property share of the lump sum pre-retirement Basic Death Benefit. I understand that by executing this Special Beneficiary Designation Form my spouse's entitlement to the monthly or lump sum death benefit amount will be limited to his/her community property interest in these benefits. I further understand that if my death is determined to be industrial, special death benefits will be paid to my surviving spouse as required by law regardless of this Special Beneficiary Designation Form.

***If no percentage (%) is given, benefits will be paid SHARE AND SHARE ALIKE.**

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

SECONDARY BENEFICIARIES

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. If no percentage (%) is given, benefits will be paid SHARE AND SHARE ALIKE.

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my surviving spouse, or if none, to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

BY THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT THE DISSOLUTION OR ANNULMENT OF MY MARRIAGE, SUBSEQUENT TO THE DATE I EXECUTE THIS FORM WILL AUTOMATICALLY VOID THIS DESIGNATION.

MEMBER		SPOUSE	
SIGNATURE <i>(Member's Full Name)</i>		By signing this beneficiary designation form, I acknowledge the information entered by my spouse.	
ADDRESS <i>(Number and Street)</i>		SPOUSE'S SIGNATURE <i>(IMPORTANT - if no signature or certification, the attached BSD-800 must be completed)</i>	
<i>(City)</i>		<i>(State)</i>	
<i>(ZIP Code)</i>		WITNESS <i>(Cannot be a beneficiary)</i>	
		WITNESS' SIGNATURE	

SPECIAL CalPERS BENEFICIARY DESIGNATION

STD. 241S (REV. 6-2002) (PAGE 3)

**THIS COPY WILL BE RETURNED WITHIN SIX
WEEKS OF RECEIPT BY CalPERS**

		<i>(This Space for CalPERS Use Only)</i>	
TO	PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711	ORIGINAL FORM RECEIVED BY CalPERS ON <i>(Date)</i>	
		ORIGINAL FORM APPROVED BY CalPERS ON <i>(Date)</i>	
FROM	MEMBER'S FULL NAME <i>(Please print)</i>	CURRENT EMPLOYER	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER

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ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

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FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
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MEMBER		SPOUSE
SIGNATURE <i>(Member's Full Name)</i>	DATE	<i>By signing this beneficiary designation form, I acknowledge the information entered by my spouse.</i>
ADDRESS <i>(Number and Street)</i>		SPOUSE'S SIGNATURE <i>(IMPORTANT - if no signature or certification, the attached BSD-800 must be completed)</i>
<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>
		WITNESS <i>(Cannot be a beneficiary)</i>
		WITNESS' SIGNATURE

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Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229-2771
(800) 352-2238
TDD (916) 326-3240; FAX (916) 326-3933

JUSTIFICATION FOR NON SIGNATURE OF SPOUSE

Pursuant to Government Code Section 21261, the member's current spouse must be made aware of the selection of benefits or change of beneficiary made by the member. The spouse of a CalPERS member must acknowledge the submission of a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the application/form.

SOCIAL SECURITY NUMBER	MEMBER'S NAME (TYPED OR PRINTED)
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APPLICATION SUBMITTED
SPECIAL CalPERS BENEFICIARY DESIGNATION, STD. 241S

I am married, but my spouse did not sign the form because either (please check one of the following boxes):

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse; **OR**,
- ☐ My spouse has been advised of the application and has refused to sign the written acknowledgement; **OR**,
- ☐ My spouse is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR**,
- My spouse has no identifiable community property interest in the benefit; **OR**,
- ☐ My spouse and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage.

I certify under penalty of perjury that the foregoing information is true and correct.

MEMBER'S SIGNATURE	DATE SIGNED
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